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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/086,972
		Filing Date	03/01/2002
		First Named Inventor	Robert M. HOEK
		Art Unit	1644
		Examiner Name	I. I. Ouspenski
Total Number of Pages in This Submission	17	Attorney Docket Number	DX0936KB

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: 1. Application Data Sheet (3 pages)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	<i>Sheela Mohan-Peterson</i>
Date	02-May-2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO, Fax Number (703) 872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:			
Typed or printed	Melanie Lyons		
Signature	<i>Melanie Lyons</i>	Date	5-2-05

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/086,972
		Filing Date	03/01/2002
		First Named Inventor	Robert M. HOEK
		Examiner Name	I. I. Ouspenski
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1644
TOTAL AMOUNT OF PAYMENT (\$) 0		Attorney Docket No.	DX0936KB

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Other ☐ None
☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 6 **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims 2 **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of independent claims paid for, if greater than 3


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Other: **Fees Paid (\$)**

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201
Signature		Telephone	1-650-496-6400
		Date	02-May-2005

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Appl. No. 10/086,972
Amdt. dated May 2, 2005
Reply to Office action of February 2, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert M. HOEK, et al.

Application No.: 10/086,972

Filed: March 1, 2002

For: ~~NOVEL USES OF MAMMALIAN~~
~~OX2 PROTEIN AND RELATED~~
~~REAGENTS USES OF OX2~~
PROTEIN TO TREAT
NEURODEGENERATIVE
DISORDERS (as amended)

Examiner: I. I. Ouspenski

Art Unit: 1644

Conf. No.: 1945

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22313-1450, Fax Number (703) 872-9306, on May 2, 2005.

by:


MELANIE LYONS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Honorable Sir:

In response to the Office Action dated February 2, 2005, Applicants submit the
following amendment and response. Reconsideration is respectfully considered.

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on
page 7 of this paper.

Remarks/Arguments begin on page 9 of this paper.